DTF-24.1 (6/99) **OR-233** (Revised 6/99)

Application for Connecticut/New York State Simplified Sales and Use Tax Reporting

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DRS	use c	oniy TR	/ 4D	Pleas	e read a	ll ins	tructio	ns bef	ore con	npletina - r	orint or tv	pe (black	or blue ink)	D	epartme	nt Use On	ıly	
-//				Please read all instructions before completing - print or type (black or blue ink) 1. Legal name of business (owner's name, partners' names, or corporate name)										DLN	· · · · · · · · · · · · · · · · · · ·			
00																		
		2. Address of principal place of business (number and street)										Create						
00														T-()	Ρ.	- ()	M - ()	
				3. City	,		5	State		ZIP code		County		NY				
				4. DB	4/Trade na	me (i	f differen	t from leg	gal name -	line 1)	5	. Telephone	e number	CT				
00											()						
											Name code		SIC	SIC				
		6. Mailing address (if different from line 2)																
00	Name Number and street																	
City					State								ZIP o	ode				
7	7. Typ	ре с	of b	usines	s organizat	tion:		☐ Indiv	idual	☐ Partn	ership	☐ Corp	oration [Governn	nental	☐ Trus	st	
	☐ Exempt organization ☐ Limited liability company (check one of the following 3 types):																	
		No	t-fo	r-profit	corporatio	n					☐ Sole proprietorship			☐ Partr	ership	☐ Corpo	oration	
		Ot	her	(specify	·):													
8	B. De	scr	be	in deta	il the type	of bu	siness	you ope	rate:									
9	en En	ter	the	Federa	al Employe	r Ide	ntificatio	n Numb	er assigr	ned to your b	usiness				1 1		1	
											Federal ID #							
		If the business does not have a federal identification number, enter the owner's or responsible partner's social security number at right. Social Security									ocial Security #	1 1 1						
10				ales Ta		pa. u		J.G. 0000	,	20. at 1.g			ocial Security #					
'`					nbers: Nev	v Yorl	< State :	#				Co	onnecticut #					
11Δ		_							rk State	do vou maint	ain a husin		n in Connecticut	?	☐ Yes	☐ No		
										-			New York State		☐ Yes	□ No		
	. 11 y	/Oui	РΠ	ПСІРАІ	place of bi	usirie	33 13 111	Cominec	ilcut, uo j	<u></u>		iocation in	New Tork State	:	□ ies			
											mation							
													ing Program and					
		of	suc	h infori	mation bet	ween	Conne	cticut an	d New Yo	ork State as	may be ned	essary to r	egister the vende	or for the p	ogram ar	nd to adminis	ster the	
prog	ıram.																	
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		_		0	s that upo	n app	roval of	this reg	jistration,	the vendor s	shall be sub	ject to the I	aws of both Cor	necticut an	d New Yo	irk State for	sales	
and	use ta	ax	ourp	oses.														
12	2. I ce	erti	y th	at the	above sta	temei	nts are t	true:										
			,															
	Oig	Jilai	uie	-						(Owner, par	tner or resp	onsible offi	cer)					
	Na	me								Title					Date			
	110				(Pl	ease	print)											
		С	OA	Post Da	Date		Regist Date		Multi St Ind		Multi St Eff Date	Date	Mail Agent	FI Freq CD	Schdls A	Aux Schdls	Sup COA	
NYS use only																		
use	only																	
CT-DRS use only Level 2			nly	Tax	Rec	Trans	Regis	tration Da	te SIC Co	ode Type	Org State	Legal Date	Total	Submitted				
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					Tax Type	Re	с Туре	Trans	R	egister Date	Star	t Date	Bus Town Sour	ce Lia	o Code			
Level 6				12		10			/ /	/	/							
				Fil Code		pe Fil	Mail Co	de Se	curity Number	Secu	ity Date	Security Amount	Fee Re	mitted				

Instructions

- 1. Enter the exact legal name of the business being registered. If sole proprietorship or partnership, enter legal name(s) of owner(s).
- **2.-3.** Enter the actual physical location of your principal place of business. If you have more than one place of business, attach a list of all additional locations.
 - 4. Enter the trade name of the business if different from Line 1.
 - 5. Enter the telephone number of your business.
 - 6. Enter the mailing address if different from Lines 2 and 3.
 - 7. Check the box that applies to your type of business.
 - 8. Enter a description of your business activity. This must describe as closely as possible the principal activity of your business.
 - **9.** Enter the Federal Employer Identification Number. If you do not have an employer identification number, enter the social security number of the owner or financially responsible partner.
 - **10.** Enter the registration number from your New York State Certificate of Authority or your Connecticut Sales Tax Permit. If you are registered in both states, enter both numbers. If you are not currently registered in either, enter *none*.
- 11. Answer either A or B by checking the appropriate box. *Business location* includes office, corporate headquarters, sales location, showroom, manufacturing facility, warehouse or other owned or leased real property related to the business, whether or not sales or sales related activities are carried on from that location. Craft, trade, or specialty shows are examples of businesses that have situs in Connecticut and therefore do not qualify for the Connecticut/New York State Simplified Tax Reporting Program. These types of businesses and the show vendors participating in them would be required to register for a sales and use tax permit with the state of Connecticut.
- **12.** The application must be signed and dated by the owner, a partner, or responsible officer of a corporation.

Mail the completed application to your home state:

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES REGISTRATION SECTION 25 SIGOURNEY STREET HARTFORD CT 06106-5032

1 800 382-9463 (within Connecticut) (860) 297-5962 (outside Connecticut) (860) 297-4911 (TTY, TDD and Text Telephone users only) NYS TAX DEPARTMENT RADS - REGISTRATION SECTION BUILDING 8 ROOM 400 W A HARRIMAN CAMPUS ALBANY NY 12227

1 800 972-1233 (business tax information and forms)
1 800 225-5829 (general information)
1 800 462-8100 (order forms and publications)
(518) 485-6800 (outside U.S. and outside Canada)
1 800 634-2110 (TDD users only)